

## WAGES NOTICE REQUEST BONUS PAY

1. California Employer Account Number: \_\_\_\_\_  
(8 Digit Code)
2. Business Name: \_\_\_\_\_
3. Other Business Names: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
(Address)
- \_\_\_\_\_
- \_\_\_\_\_ (City) (State) (Zip Code)
5. Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Phone Number)
6. Please provide the following information (if you have different layoff periods list them separately):

Date(s) of Layoff <small>(MM/DD/YY-MM/DD/YY)</small>	Number of California Employees Laid Off	Location(s) of Affected Job Sites in California <small>(City)</small>

7. What is the purpose of the bonus and what does the company call the bonus? (For example, retention bonus, attendance bonus, safety bonus, etc.) \_\_\_\_\_
8. What is the eligibility criteria to receive the bonus? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. How is the amount of the bonus calculated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Over what period of time do the employees earn the bonus? Please provide specific dates. \_\_\_\_\_  
\_\_\_\_\_
11. When will the bonus be paid? \_\_\_\_\_
12. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Representative/Agent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Phone Number)

Mailing Address (if different than the business address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **INSTRUCTIONS FOR WAGES NOTICE REQUEST BONUS PAY**

The Employment Development Department will prepare a Wages Notice based on the information you provide. The Department issues a Wages Notice to reduce the number of calls to employers and to promote consistent decisions from Department staff regarding payments received by unemployment insurance claimants. The Wages Notice will provide Department staff with general information regarding the bonus payment and a determination of whether the payment will affect the claimants' eligibility for unemployment insurance benefits.

The Department will also mail you a copy of the Wages Notice for your records.

1. CALIFORNIA EMPLOYER ACCOUNT NUMBER - Enter your California state employer account number.
2. BUSINESS NAME – Enter the name by which your business is known.
3. OTHER BUSINESS NAMES – Enter other names by which your business is known and which your employees may report as their employer.
4. MAILING ADDRESS – Provide business mailing address.
5. PHONE NUMBER – Enter business phone number including area code.
6. If you have different layoff periods list them separately.

DATE(S) OF LAYOFF – Enter the date(s) you laid off or plan to lay off the employees. If layoffs will occur over a period of time and you do not have specific dates, you may indicate anticipated beginning and ending dates. Example: 02/05/99 – 06/30/99

NUMBER OF CALIFORNIA EMPLOYEES LAID OFF – Enter the total number of employees who work in California and will be laid off during the period indicated.

LOCATION(S) OF AFFECTED JOB SITES IN CALIFORNIA – Enter the name(s) of the California city(ies) where the job site(s) affected by the layoff is (are) located. If several job sites throughout California are affected you may indicate "statewide" rather than listing the individual job sites.

7. Enter what the company calls the bonus and explain the purpose for the payment. Example: Safety bonus; to provide compensation for not having any accidents during the calendar year.
8. Explain who is eligible to receive the bonus and what they must do to receive it. Example: Hourly employees who work in the production department and exceed their employee quarterly production standards are eligible to receive the bonus.
9. Explain how the amount of the bonus the employees receive is calculated. Examples: \$.25 per unit for the first 500 units produced and \$.30 per unit for any additional units produced; 2 percent of the employee's base wages earned during the quarter.
10. Indicate during what specific time period the employees performed the services which made them eligible for the bonus. Example: Bonus based on work performed during the harvest season which began May 2, 1999, and ended August 28, 1999.
11. Indicate when employees will receive the bonus payment. If you have different groups which will be paid on different dates, please list work group and respective payment date. Example: Hourly employees paid 09/03/99; salaried employees paid 08/31/99.
12. COMMENTS – Provide any additional information regarding the bonus that you feel is important and can assist the Department in determining if the bonus will affect the employees' eligibility for unemployment insurance benefits.

For more information about completing this form, please call (916) 654-7401 and ask to speak to someone in the Wages Unit.

You may FAX the completed form to (916) 654-8117, or mail to Employment Development Department, Wages Unit MIC 40, PO Box 826880, Sacramento, CA 94280-0001.